

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 01 1998 8:00am
Secretary of State**

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39241 (5)
1. Corporation Name
GRAND VACATIONS REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6355 METRO WEST BLVD
SUITE 180
ORLANDO FL 32835
US**

Mailing Address
**6355 METROWEST BLVD.
STE. 180
ORLANDO FL 32835
US**

3. Date Incorporated or Qualified
06/15/1992

4. FEI Number
65-0330739

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**HARRILL, DONALD L
6355 METROWEST BLVD. STE 180
SUITE 180
ORLANDO FL 32835**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DONALD L. HARRILL	
STREET ADDRESS	6355 METROWEST BLVD. STE 180	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, MITCHELL R.	
STREET ADDRESS	13391 MCGREGOR BLVD.,SW	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RANDELL, GERALD	
STREET ADDRESS	3575 LAS VEGAS BLVD. SOUTH	
CITY-ST-ZIP	LAS VEGAS NE	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEW, THOMAS O.	
STREET ADDRESS	6355 METROWEST BLVD. STE. 180	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, ROBLEY T.	
STREET ADDRESS	6355 METROWEST BLVD., STE 180	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAGOT, ANTOINE	
STREET ADDRESS	6355 METROWEST BLVD., STE 180	
CITY-ST-ZIP	ORLANDO FL 32835	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP: Len Clements
2.3 STREET ADDRESS	2939 W. Gulf Drive
2.4 CITY-ST-ZIP	Sanibel Island, Florida 33957
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP Gary Rudlaff
3.3 STREET ADDRESS	3575 Las Vegas Blvd. South
3.4 CITY-ST-ZIP	Las Vegas, Nevada
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Wilmer E. Meeker
4.3 STREET ADDRESS	6355 MetroWest Blvd., Suite 180
4.4 CITY-ST-ZIP	Orlando, Florida 32835
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S Daniel L. Carricat
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/12/98

CR2E034 (10/97)